

**Form A: Vacancy Staffing Plan**

Department: Self-explanatory.

Annual Report: Check if Report is the full year annual plan for FY 02.

Quarterly Update: Check if Report is a quarterly update of the full year annual plan and note the quarter ending. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in "comments."

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that the position is budgeted in. Positions transferred in/out to other programs should be noted here, and explained in comments.

Position Title as Budgeted: Self-explanatory. Note: authorized positions should be within the same classification series and of the same means of financing as budgeted.

Legal Authority: All positions must be "authorized budgeted positions" as defined in Attachment A, No. 5. Authorizations should be based on the legal authority of a specific statute, the general appropriations act, or other specific legislation in effect. Exempt positions must additionally cite the applicable subsection in Section 76-16, HRS.

Permanent/Temporary: Self-explanatory.

Civ Svs or Exempt: Indicate if Civil Service or Exempt.

Budgeted Salary: Self-explanatory.

MOF: Position's means of financing (must total 100% if multiple financing sources).

Date of Vacancy: Date position became vacant (applicable to positions previously established and filled).

Date Establish/Fill: Anticipated dates (month, day, year) of: 1) establishment and/or 2) filling. "Date to be established" applicable only to positions not yet established.

Identified in Annual Plan Y/N: Y=yes; if no change from original annual plan. N=no; explain in comments.

Comments: Self-explanatory. Explanation of any differences from original plan, or other pertinent comments.

**FORM A**

Contact Person:  
 Phone:

[illegible]

**Form B: Out-of-State Travel Plan**

Department: Self-explanatory.

Annual Report: Check if report is the full year annual plan for FY 02.

Quarterly Update for \_\_\_\_\_: Check if report is a quarterly update of the full year annual plan, and note the quarter being covered. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in "comments."

Contact Person/Phone: Self-explanatory.

Program ID: Program ID the travel is budgeted in.

Estimated Dates of Travel: Self-explanatory. Separate dates should be provided for different destinations included in the same trip (i.e., Detroit: 5/1-5/2; Chicago: 5/2-5/4).

Destination: Self-explanatory.

Purpose: Purpose of the trip: training, conference, accompanying prisoners, etc.

Total Cost: Include all costs such as airfare, auto rental, per diem, travel differentials, and other government costs required because of the trip.

MOF: Means of financing of the trip's costs. (Must total 100% if multiple sources of financing.)

Name(s) and Title(s) of Traveler(s): Self-explanatory.

Identified in Annual Plan Y/N: Y=yes; should be without any changes from the original annual plan. N=no.

Comments: Comments as necessary. For quarterly updates, discuss reason for difference/changes from annual plan.

**FORM B**

Contact Person:  
Phone:

[illegible]

### **Form C: Major Purchase Plan**

Department: Self-explanatory.

Annual Report: Check if report is the full year annual plan for FY 02.

Quarterly Update for \_\_\_\_\_: Check if report is a quarterly update of the full year annual plan, and note the quarter being covered. Quarterly updates should include any changes, or differences in information originally reported in the full year annual plan. Explanations of differences should be provided in "comments."

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that is making the major purchase and authorized funding (appropriations) for the purchase.

Estimated Date of Purchase: Self-explanatory. 1) the initiating department with funds appropriated for that purpose must report the planned purchase. 2) for central services agencies routinely charged with purchasing for the State, note best estimate of purchased date.

Description of Purchase: Self-explanatory. Identified purchase should be over \$25,000.

Budgeted Amount: (Per BJ-3 table).

MOF: Means of financing. (Must total 100% if multiple financing sources.)

Identified in Annual Plan Y/N: Y=yes; if no change from original annual plan. N=no; explain in comments.

Comments: Self-explanatory. If changed from annual plan, explain how and why. Note: 1) the initiating department with the appropriation for the purchase must report the planned purchase. If the purchase is to be made through a central State purchasing agency arrangement, explain in "comments." 2) for central service agencies charged with fleet or bulk purchasing for the State, provide additional information or explanation here. Comments in quarterly updates should reflect actual purchases, if different from the estimated annual plan.

**FORM C**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Quarterly Update for \_\_\_\_\_

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